

STATE OF HAWAII
DEPARTMENT OF HEALTH
P. O. Box 3378
Honolulu, HI 96801-3378
doh.testimony@doh.hawaii.gov

Testimony **COMMENTING on** HB10 HD2 SD1
Relating to Education

SENATOR JILL TOKUDA, CHAIR
SENATE COMMITTEE ON WAYS AND MEANS

Hearing Date: April 1, 2015 Room Number: 211

1 **Fiscal Implications:** None

2 **Department Testimony:** The Department supports the intent of the bill, but defers to the
3 Department of Education for issues on implementation.

4 The purpose of this bill is to enable schools to have trained, volunteer DOE employees or
5 agents who could provide: a) emergency administration of epinephrine for anaphylaxis to
6 students that have a prescription from their physician, b) administer insulin to students with
7 diabetes, and c) allow students to self-manage their diabetes during any school-related activity.
8 This will increase the availability of individuals who could respond to a student with anaphylaxis
9 or assist with the student in their diabetes management.

10 Thank you for the opportunity to testify.

DAVID Y. IGE
GOVERNOR



KATHRYN S. MATAYOSHI
SUPERINTENDENT

**STATE OF HAWAII
DEPARTMENT OF EDUCATION**
P.O. BOX 2360
HONOLULU, HAWAII 96804

Date: 04/01/2015
Time: 01:30 PM
Location: 211
Committee: Senate Ways and Means

Department: Education

Person Testifying: Kathryn S. Matayoshi, Superintendent of Education

Title of Bill: HB 0010, HD2, SD1 RELATING TO EDUCATION.

Purpose of Bill: Authorizes department of education employees and agents to volunteer to administer auto-injectable epinephrine to a student with anaphylaxis in an emergency situation and to assist in the testing and management of diabetes for students. Allows students with diabetes to self-test and self-manage their illness. Requires department of education to report on the status of implementation. (SD1)

Department's Position:

The Department of Education (Department) supports the intent of HB10 HD2 SD1. This measure permits Department employees and agents to volunteer to administer epinephrine to students with anaphylaxis when needed. Volunteers will also receive training in the proper administration of epinephrine.

We respectfully request that references to the student's medical management plan be removed throughout this measure as this is not a function of the department. As such, we suggest the following changes:

Page 1, edit line 6, Section 1 - delete "management" and replace with "testing"
Page 2, edit lines 19-20, Section 1(b)(2)(A) - delete "pursuant to the student's medical management plan"
Page 3, edit lines 3-4, Section 1(b)(2)(A) - delete "required pursuant to the student's medical management plan"

The Department also respectfully informs this committee that it is in the process of reviewing the collective bargaining agreement between the Hawaii State Teachers Association and the Board of Education related to the measure.

Thank you for the opportunity to provide testimony on this measure.

Wil Okabe
President
Joan Kamila Lewis
Vice President
Colleen Pasco
Secretary-Treasurer
Wilbert Holck
Executive Director

TESTIMONY BEFORE THE SENATE
COMMITTEE ON WAYS AND MEANS

DATE: WEDNESDAY, APRIL 1, 2015

RE: HB10, HD2, SD1 – DOE/VOLUNTEERS TO ADMINISTER AUTO-
INJECTABLE EPINEPHRINE/ASSIST IN TESTING AND MANAGEMENT
OF DIABETES FOR STUDENTS

PERSON TESTIFYING: JOAN LEWIS, VICE PRESIDENT
HAWAII STATE TEACHERS ASSOCIATION

The Honorable Chair Jill Tokuda, Vice Chair Ron Kouchi and Members of the
Committee:

THE Hawai'i State Teachers' Association **supports the intent of H.B. 10, H.D. 2,
SD1 with comments.**

All of our students deserve a learning environment that both maximizes their opportunity for success and ensures their safety. For students dependent on medications delivered through "on-demand" dispensers, particularly in matters that may be life or death in nature, it is clear that prior planning and training are necessary for safety's sake.

Our schools currently comply with 504 protocols for students who have life conditions, either temporary or permanent that may hamper their learning. For each of these students, a 504 plan is created and school staff members are then directed to utilize the plan for the student for whom it is written. Based on the great impact the timely administration of medication can have for students, it would appear that 504 plans for these students would be in order. This is particularly important for those teachers who work directly with the students needing 504 accommodations.

As amended, this bill continues to speak to a cadre of volunteers who can be trained to deliver medication as necessary for students who are in crisis. While this is certainly a step in the right direction, in cases like this, it would seem that a protocol that relies heavily on volunteerism might not appropriately meet the need. Unlike a school nurse, or a full-time, properly trained nurse-aid, volunteers may not be available, or on campus in a time of need. This may provide a false sense of security for families. In many cases, older students may be able to self-administer their medication. In this case, the 504 plan would provide guidance for teachers and staff in how to assist. This cannot necessarily be said for younger students, and as such, a more permanent solution should be pursued.

In a time when schools are constantly trying to stretch every penny, too often school health supports are limited. Changes in this area, starting where our children are youngest and most dependent might be recommended.

For all staff however, general training, as part of our annual school safety trainings, in dealing with medical crises that may arise from these and other medical issues may be warranted. What are the immediate first steps? How do we, as teachers address both the needs of the child in distress at the same time we must continue supervising our other students? What is the school plan and protocol for emergent conditions? These are a few of the questions that could be addressed through training.

It is clear, particularly with the growing level of children being diagnosed with Diabetes and the seemingly large increase of children with life threatening allergies, that legislation such as this is necessary and the concepts that lead to safe schools for all students supported.

HSTA SUPPORTS THE INTENT, WITH COMMENTS of H.B. 10, H.D. 2 SD1.



Hawaii Chapter

AAP - Hawaii Chapter

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March 31, 2015

Written Testimony from Michael Hamilton, President

RE: HB10 HD2

Dear Senator Tokuda and Senate Ways and Means Committee Members:

Thank you for this opportunity to testify in strong support of HB10 HD2 SD1 to ensure the care, safety, and education of students with diabetes in Hawaii.

The Hawaii Chapter of the American Academy of Pediatrics is a voluntary organization of over 200 pediatricians in Hawaii. Our mission is to attain optimal physical, mental and social health and well being for infants, children, adolescents and young adults in Hawaii.

HB10 HD2 SD1 will ensure that students with diabetes are safe at school and able to succeed at school academically.

- Students with diabetes qualify for a "504 Plan" that prohibits discrimination against people with disabilities. The 504 Plan sets out the actions the school will take to ensure that students with diabetes are safe, treated fairly and have the same access to education as other children. However, too often, parents of newly diagnosed students are not made aware of this plan and must take on the burden of their child's diabetes care during the school day or risk having their child excluded from educational activities. This unfair treatment has a huge impact on the families, as the parents must often take time from work and other responsibilities, to care for their child during the school hours.
- The AAP Hawaii Chapter is concerned about the unfair treatment many children with diabetes face at school due to inadequate care and untrained staff.
- These gaps place many students with diabetes in an unsafe medical environment and prevent them from participating fully in the classroom or school-sponsored activities.
- HB10 HD2 SD1 aligns with the American Academy of Pediatrics Policy Statement: Guidelines for the Administration of Medication in School (2009) which recommends "trained and supervised unlicensed assistive personnel who have the required knowledge, skills, and composure to deliver specific school health services under the guidance of a licensed RN."
- HB10 HD2 SD1 follows the approach that most states have taken in addressing such challenges by, allowing non-medical school personnel to volunteer to be trained to provide routine diabetes care to students, and by allowing students who are able to do so to self-manage their diabetes in the classroom or at school-sponsored events.

We strongly believe HB10 HD2 SD1 is necessary to ensure students with diabetes receive the fair, appropriate care and are provided access to supplies they need at times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care. ***In addition, we support the implementation of this bill in 2015.***

Thank you for your consideration.

Sincerely,

A handwritten signature in dark ink, appearing to read 'R. Michael Hamilton', with a long horizontal flourish extending to the right.

R. Michael Hamilton, MD, FAAP
President

Our Mission

is to prevent and cure diabetes
and to improve the lives of all
people affected by diabetes.

2015 Hawaii Community Leadership Board

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John Melish, MD, FACP
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Kapiolani Medical Center
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May M. Okhiro, MD, MS
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John A. Burns School of Medicine
National Adult Strategies Committee

Mia Noguchi
President
Lotus Pond Communications

Richard Okazaki
President
Diagnostic Laboratory Services, Inc.
Executive Director, Leslie Lam

March 31, 2015

The Honorable Jill N. Tokuda, Chair
Senate Committee on Ways and Means
Hawaii State Capitol, Room 211
Honolulu, Hawaii 96813

Dear Senator Tokuda, Chair and Members of the Senate Committee on Ways and Means,

On behalf of the Community Leadership Board of the American Diabetes Association (ADA), and the nearly 600,000 individuals who have prediabetes or diabetes in Hawaii, I am writing to ask for your full support of **HB10 HD2 SD1** to ensure the care, safety, and education of students with diabetes in Hawaii.

Favorable support of HB10 HD2 SD1 will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan and 504 accommodations; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

I encourage you to stand alongside the ADA and urge you to fully support **HB10 HD2 SD1** to ensure that students with diabetes are safe at school and able to succeed at school academically.

- We have identified gaps in diabetes care provided by Hawaii schools, and we are concerned about the unfair treatment many children with diabetes face at school due to inadequate care and untrained staff.
- These gaps place many students with diabetes in an unsafe medical environment and prevent them from participating fully in the classroom or school-sponsored activities.
- HB10 HD2 SD1, follows the approach that nearly 30 states have taken in addressing such challenges by, allowing non-medical school personnel to volunteer to be trained to provide routine diabetes care to students, and by allowing students who are able to do so to self-manage their diabetes in the classroom or at school-sponsored events.

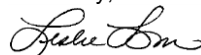
HB10 HD2 SD1, allows school staff members who volunteer to be trained to provide diabetes care when a health aide, nurse, or contract nurse is not available. The bill includes language to authorize trained school staff to provide diabetes care and includes liability protections. The ADA has **FREE training materials** designed specifically for schools; therefore there will not be a cost to the school.

I strongly believe HB10 HD2 SD1, is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your deep consideration and urge you to support this very important lifesaving passage with implementation upon the close of the 2015 Legislative Session and invite your colleagues to do the same.

Please feel free to contact me to discuss your concerns or questions. I am available at llam@diabetes.org or 808.947.5979.

Sincerely,



Leslie Lam, Executive Director
American Diabetes Association



**Comments of
Gary Slovin / Mihoko Ito
on behalf of
Walgreens**

DATE: March 31, 2015

TO: Senator Jill Tokuda
Chair, Committee on Ways and Means
Submitted Via WAMTestimony@capitol.hawaii.gov

RE: **H.B. 10, H.D. 2, S.D.1 – Relating to Education**
Hearing Date: Wednesday, April 1, 2015 at 1:30 p.m.
Conference Room: 211

Dear Chair Tokuda and Members of the Committee on Ways and Means:

We submit these comments on behalf of Walgreen Co. (“Walgreens”). Walgreens operates more than 8,200 locations in all 50 states, the District of Columbia and Puerto Rico. In Hawai`i, Walgreens now has 17 stores on the islands of Oahu, Maui and Hawai`i.

Walgreens **supports** H.B.10, H.D. 2, S.D.1 which, among other things, authorizes DOE employees and agents to volunteer to administer auto-injectable epinephrine to a student with anaphylaxis in an emergency situation.

Anaphylaxis is a life threatening allergic reaction that can occur when people are exposed to an allergen. The availability of an epinephrine auto-injector can be life-saving to a person experiencing this type of allergic reaction. Walgreens supports this measure because it expands access to a critical drug that can save children’s lives and meet an important public health need.

Thank you for the opportunity to submit comments on this measure.

Gary M. Slovin
Mihoko E. Ito
C. Mike Kido
Tiffany N. Yajima

999 Bishop Street, Suite 1400
Honolulu, HI 96813
(808) 539-0840

TO: AAP Council on School Health

FROM: Dr. Grace Lim, MD, MPH, PGY-2, University of Hawai'i

DATE: October 1, 2014

RE: Utilizing Unlicensed Assistive Personnel (UAP) to Provide Quality Diabetes Care in Schools

Introduction

Diabetes care in schools remains sub-par due to a lack of full-time school nurses and concerns about liability in delegating duties to unlicensed assistive personnel (UAP). This is problematic, as children with diabetes should have the same rights to equal education opportunities as children without. Currently, most states allow for the use of UAP to administer insulin as cost prevents district hiring of full-time school nurses.ⁱ Having trained UAP in schools decreases the amount of the time children spend outside of class in the health office and prevents parents from missing or giving up work in order to help administer insulin to their children in school.

The current AAP position on general medication administration includes sparing use of UAP for "single-dose medication delivery or life-saving emergency medication administration."ⁱⁱ This brief describes the current political landscape and then outlines three specific recommendations for inclusion in the emerging AAP guidelines, specifically regarding insulin administration in schools. Recommendations are to: 1) increase availability of trained personnel in schools who can administer insulin; 2) prioritize safety in diabetes care by creating standardized training for insulin administration in schools and expanding training of emergent injectable administrations to include glucagon; and 3) minimize liability for trained personnel in schools. An AAP policy statement including these recommendations will result in quality diabetes care for children in schools.

Background

In 2013, the California Supreme Court ruled that state law allowed trained unlicensed assistive personnel (UAP) to administer insulin.ⁱⁱⁱ Although most states had previously adopted this practice, none had fought for its recognition at this level of the judicial system.^{i,iii} In this pivotal case, a minority of parents and educators backed the American Nurses Association (ANA) in their argument that insulin is a dangerous drug that requires two nurses to verify dosing prior to administration in the hospital, citing a threefold increase in medication errors by UAP.^{iv,v}

The American Diabetes Association (ADA), on the other hand, celebrated this ruling as a victory with the support of the Obama administration, the American Association of Clinical Endocrinologists (AACE), the Disability Rights Education and Defense Fund (DREDF), the American Association of Diabetes Educators (AADE), many teachers and parents, and the American Academy of Pediatrics (AAP).^{iii,vi} However, the current official AAP policy on medication administration in schools relies heavily on full-time school nurses, operating under the assumption of best practice.ⁱⁱ With the known budget constraints in most districts, it is not feasible to adequately address diabetes care without the use of UAP. Given this reality, the AAP must expand its recommendations to ensure that the current practice in so many states is not only sufficient, but also superlative.

Recommendations

The current school system cannot feasibly support full-time nurses in each facility – this is clear. Despite this reality, the AAP can continue to support schools in providing the best possible care to children with diabetes using the following recommendations.

1. Utilize trained UAP for insulin administration while continuing to emphasize the ideal of full-time school nurses.

School employees may already be familiar with diabetes management, and those who are not are conceivably akin to parents of children with new diagnoses. In a 2007 cross-sectional study in Virginia by the ADA's Safe at School program, parents reported that over 30% of people administering insulin to their children in schools were UAP, consisting of volunteer teachers, administrators, coaches, and cafeteria workers, indicating that recruitment will not be an issue.^{vii} Further, while the ANA frequently cites medication errors by UAP in a 2000 University of Iowa study, they do not report that errors were mostly missed doses due to children not presenting for medication, which rarely included insulin, if at all.^{viii}

The South Dakota Virtual Nursing Project also successfully utilized UAP via occasional virtual nursing interactions for monitoring over a three year period.^{ix} Only one error occurred during the study; this was due to a mistake in carbohydrate counting and did not affect insulin dosing or administration. Lastly, an extensive web search revealed only one news article regarding insulin overdose in school; this event involved a nurse, rather than UAP.^x Given this data, UAP can be trusted to help administer insulin safely.

2. Standardize training for UAP via a certification program in diabetes care in schools. All staff should recognize signs of hypoglycemia and those trained in EpiPen injections should also be trained in emergent glucagon administration.

Current training programs vary by state and district without a set curriculum or standard trainer.^{xi} If safety is the number one concern in the use of UAP, the AAP should utilize available resources, such as existing training documents by the ADA and AADE, to provide adequate and safe training.^{xii,xiii} Emphasis should also be placed on the need for interval recertification.

In addition to insulin administration, emergency situations should be recognizable by all staff and treatable by those with appropriate training. Individuals designated for such training can be identified by current standards for anaphylaxis treatment and CPR training.

3. Minimize liability for school nurses and UAP who aid in diabetes care.

In order to continue recruitment and retention of school nurses, in-school caregivers must be protected legally. State laws vary in this regard.^{xiv,xv} For example, CA state law specifically deems that nurses assign, rather than delegate, tasks to UAP, in order to prevent UAP from practicing under a school nurse's license and to remove any increased legal risk from individual school nurses.^{xvi}

Importantly, trained UAP should be volunteers and not required individuals within the school system. States and districts should explore whether "Good Samaritan" statutes in their jurisdiction apply to volunteer UAP, particularly with regard to insulin administration in school.

Conclusion

Children with diabetes deserve quality care in school in order to learn at their best. Producing a strong AAP policy statement on insulin administration that includes increased availability of in-school caregivers, improved safety via excellent training of caregivers, and minimal liability in order to recruit and retain caregivers, will ensure effective treatment of diabetes, better learners, and brighter futures.

Special thanks to: Dr. Jeff Okamoto, MD, FAAP; Leslie Lam, Hawaii ADA Executive Director; and Dr. Jane Kadohiro, DrPH, MS, APRN, CDE, FAADE.

Endnotes

- ⁱ State School Health Policy Database: Administration of Medications. National Association of State Boards of Education. www.nasbe.org. Accessed 24 Sept 2014.
- ⁱⁱ American Academy of Pediatrics. Policy Statement – Guidance for the Administration of Medication in School. *Pediatrics* 2009. 124(4):1244-1251.
- ⁱⁱⁱ “The California School Diabetes Care Lawsuit: Questions and Answer for California Parents and Guardians.” Disability Rights Education & Defense Fund; American Diabetes Association Safe at School. Sept 2013. Accessed 20 Sept 2014.
- ^{iv} National Association of School Nurses. Position Statement: Diabetes Management in the School Setting (print). Jan 2012.
- ^v Spradling, N. “Myth vs. FACT – A Rebuttal to the Diabetes in CA Schools Website.” ANACalifornia.org. 12 Apr 2010. Accessed 25 Sept 2014.
- ^{vi} Egelko, B. “Obama Administration Steps into Insulin Shot Fight.” SFGate.com. 29 May 2011. Accessed 25 Sept 2014.
- ^{vii} Hellems, M. & Clarke, W. Safe at School: A Virginia Experience. *Diabetes Care* 2007. 30:1396-1398.
- ^{viii} McCarthy, A., et al. Medication Administration Practices of School Nurses. *Journal of School Health* 2000. 70(9):371-376.
- ^{ix} Damgaard, G. Virtual Nursing Project (presentation notes). South Dakota Board of Nursing. 16 Oct 2013.
- ^x Rasta, A. “Mother: Daughter overdosed due to ‘negligent’ school nurse”. KTSM.com. 13 Mar 2013. Accessed 26 Sept 2014.
- ^{xi} State School Health Policy Database: Administration of Medications. National Association of State Boards of Education. www.nasbe.org. Accessed 24 Sept 2014.
- ^{xii} American Diabetes Association. Position Statement: Diabetes Care in the School and Day Care Setting. *Diabetes Care* 2013. 36(S1):S75-S79.
- ^{xiii} American Association of Diabetes Educators. AADE Position Statement: Management of Children with Diabetes in the School Setting (print). Aug 2012.
- ^{xiv} Lechtenberg, J. Legal Aspects of School Nursing. *School Health Alert*. Apr 2009.
- ^{xv} Kelly, M., et al. School Nurses’ Experiences With Medication Administration. *The Journal of School Nursing* 2003. 19(5):281-287.
- ^{xvi} Kahn, P. & Grasska, M. Navigating the New Landscape for Medication Administration at Schools (Powerpoint slides). California School-Based Health Alliance Conference. 7 Mar 2014. Available at <http://cshca.wpengine.netdna-cdn.com/wp-content/uploads/2014/03/Navigating-New-Landscape-for-Medication-Administration-at-Schools.pdf>. Accessed 28 Sept 2014.



The Honorable Jill Tokuda, Chair
Senate Committee on Ways and Means
Hawaii State Capitol

RE: Testimony In Support of HB10 HD2 SD1

Dear Senator Tokuda and Members of the Senate Committee on Ways and Means:

The care of a student with diabetes requires management 24 hours a day, 7 days a week – this includes careful monitoring of blood sugar levels through the day and administration of medication such as insulin. Blood sugar levels that are well managed will help individuals with diabetes avoid the dangerous short term complications of hyper or hypoglycemia and prevent long term complications such as blindness, kidney failure, amputation, and cardiovascular disease.

In 2009, it was made very clear that diabetes is considered a disability protected under the Americans with Disabilities Act. Further, additional federal protections specific to children with diabetes who attend school are as follows:

- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act.

Although many schools in Hawaii do very well in accommodating children with health needs, there are still many schools that do not. The absence of statute that clearly details the responsibilities of schools and the rights of students with diabetes has resulted in discrimination and has compromised the health and education of our keiki.

I write today to ask for your support in the passage of HB10 HD2 SD1 to protect the health and safety of children with diabetes, while ensuring that they are able to equally participate academically and amend the bill to be implemented at the end of the 2015 Legislative Session.

This bill will uphold the American Diabetes Association's Safe at School principles that will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

I strongly believe that HB10 HD2 SD1 is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need in order to stay healthy and learn.

Along with the American Diabetes Association, you will find that these other organizations support our Safe at School principles:

- American Academy of Pediatrics
- Hawaii American Academy of Pediatrics
- American Association of Clinical Endocrinologists
- American Association of Diabetes Educators
- American Dietetic Association
- American Nursing Association
- Juvenile Diabetes Research Foundation

I have worked with families, schools, and public health nurses as an advocate on issues that arise from miscommunication, discrimination, and process follow through – with your help, the unnecessary time away from school experienced from our keiki with diabetes due to the lack of policy can be avoided.

These children will face obstacles in life until we find a cure; fighting for their education should not be one of them.

I would greatly appreciate your consideration and urge you once again to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

A handwritten signature in black ink, appearing to read 'Lawrence Duenas', with a stylized, flowing script.

Lawrence Duenas, Associate Director
American Diabetes Association – Hawaii

From: [Dr. Laurie Tom](#)
To: [WAM Testimony](#)
Subject: Our Keiki with Diabetes Matter - Keep them Safe at School !! Pass HB 10 HD2 SD1 !!!
Date: Tuesday, March 31, 2015 2:46:12 PM



The Honorable Jill Tokuda, Chair
Senate Committee on Ways and Means
Hawaii State Capitol

Aloha Chair Tokuda and Members of the Senate Committee on Ways and Means:

I write again today to ask for your support in the passage of **HB10 HD2 SD1** to end discrimination in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **HB10 HD2 SD1** will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I strongly believe **HB10 HD2 SD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call me at 520-4010 or email me at laurietom@pueo.net . The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Laurie K.S. Tom, M.D.
Past President, ADA Hawaii



From: [EFOX \(Eddie Fox\)](#)
To: [WAM Testimony](#)
Cc: [DRIG \(Dori Gabriel\)](#)
Subject: Our Keiki with Diabetes Matter - Pass HB10 HD2 SD1!
Date: Tuesday, March 31, 2015 3:19:15 PM

The Honorable Jill Tokuda, Chair
Senate Committee on Ways and Means
Hawaii State Capitol

Dear Senator Tokuda and Members of the Senate Committee on Ways and Means:

I write today to ask for your support in the passage of **HB10 HD2 SD1** to end discrimination in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **HB10 HD2 SD1** will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I strongly believe **HB10 HD2 SD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Eddie Fox
District Business Manager - Hawaii
Novo Nordisk Inc.
91-1025 Kaikoele Street; Ewa Beach, HI 96706
USA
808-927-0253 (direct)
efox@novonordisk.com

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From: mailinglist@capitol.hawaii.gov
To: [WAM Testimony](#)
Cc: mendezj@hawaii.edu
Subject: *Submitted testimony for HB1042 on Apr 2, 2015 09:30AM*
Date: Tuesday, March 31, 2015 11:39:17 AM

HB1042

Submitted on: 3/31/2015

Testimony for WAM on Apr 2, 2015 09:30AM in Conference Room 211

| Submitted By | Organization | Testifier Position | Present at Hearing |
|-----------------------|--------------|-----------------------|-----------------------|
| Javier Mendez-Alvarez | Individual | Support | No |

Comments:

Please note that testimony submitted less than 24 hours prior to the hearing, improperly identified, or directed to the incorrect office, may not be posted online or distributed to the committee prior to the convening of the public hearing.

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From: [Frank Genadio](#)
To: [WAM Testimony](#)
Subject: Testimony on HB10 HD2 SD1
Date: Tuesday, March 31, 2015 9:51:05 AM

The Honorable Jill Tokuda, Chair
Senate Committee on Ways and Means
Hawaii State Capitol

Dear Senator Tokuda and Members of the Senate Committee on Ways and Means:

I am again submitting written testimony asking for both the State Senate and House to support the passage of **HB10 HD2 SD1** to end discrimination in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **HB10 HD2 SD1** will:

- Allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- Permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- Allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I continue to strongly believe that the provisions described in **HB10 HD2 SD1** are medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care. As a co-chair of the Hawaii Coordinating Body of the American Association of Diabetes Educators (AADE), I would like to add that AADE strongly supports this comprehensive bill, as indicated in a position statement backing the three federal laws listed above as well as some state laws that provide protections to students with diabetes. Under these laws, diabetes is considered to be a disability, and it is illegal for schools and child care providers to discriminate against children with diabetes. Any school that receives federal funding or any facility open to the public must reasonably accommodate the special needs of children with diabetes.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session. If you have any questions, please feel free to call or email me. The American Diabetes Association Hawaii Office also is available at (808) 947-5979, or via email at: ADAHawaii@diabetes.org.

Mahalo and Aloha,

Viola E. Genadio, APRN, CDE, BCADM
Hawaii Coordinating Body of AADE
(808) 672-9170
genadiof001@hawaii.rr.com

From: [Faith Rex](#)
To: [WAM Testimony](#)
Subject: Please support HB10 HD2 SD1
Date: Tuesday, March 31, 2015 9:42:28 AM

The Honorable Jill Tokuda, Chair

Senate Committee on Ways and Means

Hawaii State Capitol

Dear Senator Tokuda and Members of the Senate Committee on Ways and Means:

I write today to ask for your support in the passage of **HB10 HD2 SD1** to end discrimination in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **HB10 HD2 SD1** will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I strongly believe **HB10 HD2 SD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

[A hui hou,](#)

Faith

Faith Sereno Rex
President, SMS Consulting LLC

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From: [Ellie Ventula-Honda](#)
To: [WAM Testimony](#)
Subject: Our Keiki with Diabetes Matter - Pass HB10 HD2 SD1!
Date: Tuesday, March 31, 2015 8:58:45 AM

The Honorable Jill Tokuda, Chair
Senate Committee on Ways and Means
Hawaii State Capitol

Dear Senator Tokuda and Members of the Senate Committee on Ways and Means:

I write today to ask for your support in the passage of **HB10 HD2 SD1** to end discrimination in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **HB10 HD2 SD1** will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I strongly believe **HB10 HD2 SD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,
Ellie Ventula-Honda
(808)497-9052
edhonda2011@yahoo.com

From: [Selena Ching](#)
To: [WAM Testimony](#)
Subject: Please help our kids with diabetes - Pass HB10 HD2 SD1!
Date: Tuesday, March 31, 2015 8:05:55 AM

The Honorable Jill Tokuda, Chair
Senate Committee on Ways and Means
Hawaii State Capitol

Dear Senator Tokuda and Members of the Senate Committee on Ways and Means:

Please support the passage of **HB10 HD2 SD1** to end discrimination in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **HB10 HD2 SD1** will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

I strongly believe **HB10 HD2 SD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need provided during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

As a parent of a 7 year old who has been living with diabetes for 5-1/2 years, we have seen what our child needs to be successful in school. Access to diabetes supplies are a necessity 24-hours a day, particularly during school hours when the stress of school activities often distracts a child from proper management and care. We need to make it as convenient as possible for our children to care for themselves and keep themselves safe. Testing and self managing are safe activities but must be done consistently and often, no matter where a child is. More often than not, you can't foresee when a child will fall into a compromising blood glucose situation. If a child has to make it to some other part of campus that is a sanctioned place to test or manage her health, it not only puts the child at risk, it is a loss of valuable learning time.

Living with type 1 diabetes sucks. It's relentless, it's exhausting and it's life altering. Our kids with this disease grow up much faster than their peers. The discipline necessary to keep them safe is daunting. These kids deserve a break and the support of an educational system that encourages them to make good choices and allows them the access and ease to care for an extremely complicated disease that haunts them 24-hours a day, 7 days a week, 365 days a year. There is no break from this disease. We should at least give our kids a chance to live with it healthily, positively and safely.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

Thank you for your consideration.
Aloha,
Selena Ching
2526 Olopuia St, 96822
(808)395-4998

From: [Porjes](#)
To: [WAM Testimony](#)
Subject: Our Keiki with Diabetes Matter - Please Pass HB10 HD2 SD1!
Date: Monday, March 30, 2015 11:07:34 PM

The Honorable Jill Tokuda, Chair
Senate Committee on Ways and Means
Hawaii State Capitol

Dear Senator Tokuda and Members of the Senate Committee on Ways and Means:

As the parent of a child with diabetes, I write today to ask for your support in the passage of **HB10 HD2 SD1** to end discrimination in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. **HB10 HD2 SD1** will:

- allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and
- permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and
- allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.

Children with diabetes are protected by Federal Laws such as:

- The Americans with Disabilities Act; and
- Section 504 of the Rehabilitation Act of 1973; and
- Individuals with Disabilities Education Act

I strongly believe **HB10 HD2 SD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Susan Porjes
(808) 478-5671
porjes@hawaii.rr.com

From: [Kaufman, Andrew](#)
To: [WAM Testimony](#)
Subject: Our Keiki with Diabetes Matter - Pass HB10 HD2 SD1!
Date: Monday, March 30, 2015 11:02:23 PM

The Honorable Jill Tokuda, Chair
Senate Committee on Ways and Means
Hawaii State Capitol

Aloha Senator Tokuda and Members of the Senate Committee on Ways and Means:

I write today on behalf of my 5 year old son Nicholas who has Type 1 Diabetes to ask for your support in the passage of **HB10 HD2 SD1** to end discrimination in our schools and protect the health, safety, and education of children in Hawaii who have diabetes. Our son will start kindergarten this Fall and more than most parents the stress we are experience of where to send our son and if there will be adequate care for at school is just about indescribable. My wife and I have heard first hand that families have left our State becuse the care that their child received in public schools here was a nightmare. We have also experienced difficulties within the school system and know first hand that something must be done now to give our Keiki with diabeities the protection they need at school so they can learn with the rest of their friends. It is with the deepest plea a parent can make to please pass this Bill now!

HB10 HD2 SD1 will:

- * **allow department employees to be trained and to volunteer to be able to test blood glucose levels of students with diabetes and administer insulin or assist a student in the administration of insulin via the insulin delivery system that the student uses as outlined in the students diabetes medical management plan; and**
- * **permit students who are able to test and self-manage their diabetes in the classroom or any school-related activity; and**
- * **allow students with diabetes to possess, at all times, necessary supplies and equipment to perform diabetes monitoring and treatment activities under the student's diabetes medical management plan.**

Children with diabetes are protected by Federal Laws such as:

The Americans with Disabilities Act; and
Section 504 of the Rehabilitation Act of 1973; and
Individuals with Disabilities Education Act

I strongly believe **HB10 HD2 SD1** is medically safe and necessary to ensure students with diabetes receive the appropriate care and are provided access to supplies they need during those times when a health aide, nurse, or contract nurse is not available for daily routine diabetes care.

I would greatly appreciate your consideration and urge you to support this important legislation and its implementation upon the close of the 2015 Legislative Session.

If you have any questions, please feel free to call or email me. The ADA Hawaii Office is also available at (808) 947-5979, or via email at ADAHawaii@diabetes.org.

Mahalo nui loa,

Andy Kaufman
349-2277
kaufmana@hawaii.edu

Andy Kaufman, ASLA, MLA, Ph.D.

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kaufmana@hawaii.edu
<http://www.ctahr.hawaii.edu/kaufmana/>

From: [Kevins.Keeper](#)
To: [WAM Testimony](#); [EDU Testimony](#)
Subject: Testimony HB10 HD2
Date: Thursday, March 19, 2015 9:58:20 PM

Dear Chair, Co Chair and Members of the Committees,

Thank you for HB10 HD2. Please reconsider these three points before passing this bill.

1. Please provide guidelines for volunteers -scheduled and strategically placed volunteers, to ensure coverage as appropriate. Such as the cafeteria during lunch and the playground during recess. In the cafeteria, a volunteer was not present when my son was fed a food he has anaphylaxis to and the epi pen was locked in another building, the health aid room, inaccessible.
2. Please use UNLOCKED and within recommend proximity to describe Epipen storage. Secure and accessible, aka locked in the Health Aid Room ONLY. is the current DOE policy. Not even close to the cafeteria nor playground, let alone the classrooms. DOE State Superintendent Matayoshi documented legislation is required to alter DOE policy of locking epi pens unsafely away.

Excerpt from a Department of Health letter dated April 25, 2014

"According to the DOE policy Medication in the school, 'storage of medication in the health room shall be kept in a locked cabinet, drawer or refrigerator.' for this reason I will not be able to recommend the use of EpiPen in the school..." Therefore my son is unable to attend school.

Wavers are used to by DOE for youth to carry and self administer to comply with DOE's locked and inaccessible epi pen policy. Although, elementary students or a youth with a cognitive disability are depending on this legislation to protect them.

3. Training is very important to me. Could we include training (which many schools are adding) but also a drill to ensure appropriate communication, location of volunteers, and ability to obtain epi pen and administer expeditiously.

Thank you for all your hard work and please contact me if you have any questions or would like the documentation.

Sincerely,
Robin Hall